



**DESIGNATED MEDICAL PROVIDER**  
OFFICE OF MANAGEMENT AND BUDGET  
RISK MANAGEMENT DIVISION  
SFN 53758 (6-2003)

We are participating in the Risk Management Workers Compensation Program. This allows the State to designate health care providers to treat your workplace injuries and illnesses. **Workforce Safety and Insurance may not pay for medical treatment to another provider unless you are referred to this provider by the designated medical provider, or unless you notified us in writing prior to the injury that you wanted to be treated by a different medical provider.** You must also name your different medical provider. **Emergency care is exempt from this designated provider requirement.**

Effective July 1, 2004 our Designated Medical Provider is the provider specified below.

Agency	Agency's Designated Medical Provider
Employee Name	

I have been informed of the Department's Designated Medical Provider and the provisions of the program and the requirements concerning treatment for workplace injury and illness.

Employee Signature	Date
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I wish to select the following provider as designated provider to seek treatment from in the event of a workplace injury or illness.

Name			
Address	City	State	Zip Code